United States Patent and Trademark Office
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Adjustment date: 12/29/2005 EDANTZLE 12/21/2005 TLO111 00000003 10662797

01 FC:1252 -450.00 OP

## United States Patent and Trademark Office - Sales Receipt -

## 12/29/2005 EDANTZLE 00000002 10662797

01	FC:1201	200.00	OP
02	FC:1202	250.00	OP

16,27,43

10/662797
Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

990427 016512

Effective January 1, 2003							Ģ	904	2	TUIt	411	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			54		um sialiji s	an filia in the late of the la		Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			5 thinus 20= 130			i	X\$ 9	)=		OR	X\$18=	612
INDEPENDENT CLAIMS			4 minus 3 = * /				X42	=		OR	X84=	84
MU	LTIPLE DEPEN	RESENT			+140	)=		OR	+280=	U.F		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	144	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL E	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	* 59	Minus	** 5	·	= 5	X\$ 9	=		OR	X <del>\$18=</del>	ASO.
AME	Independent	* 5	Minus	state (		= ,	X42	=		OR	X84=	200
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		+140	) <b>=</b> _		OR	+280=	
							TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE	450-00
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B	augh Obertein	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	PAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
N N	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42	_	-	OR	X84=	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	PENDENT	CLAIM		+140	=		OR	+280=	
							TO ADDIT. F	TAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
Š	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***			X42	.		OR	X84=	
_	PIHST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT	CLAIM		J	-				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+280= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	i ne "Highest Nun	nber Previously Pa	id For" (Total o	r Independ	ent) is the	e highest numb	r found in th	apt	ropriate bo	in co	lumn 1.	